

New Client Intake Form – Person Locator

Client's Name (your name): _____ Date: _____

Relationship to Subject: _____

Please fill out as much information as you know about the subject. All listed information will be destroyed after release to client. Please use "?" to indicate what information is guesstimation & not factual.

Social Security # _____ Full Name: _____

Birth Date: _____ Race: _____ Weight: _____ Height: _____

Hair Color: _____ Eye Color: _____ Facial Hair: _____

Tattoos: _____ Additional Identification: _____

Last Known Address (location): _____

Last Known Employment: _____

Criminal Record: _____

Health Issues: _____

Marital Status: _____ Drug Use: _____ Smoker: _____

Hobbies: _____

Memberships: _____

Last date of correspondence with subject: _____

Last place of correspondence with subject: _____

Parent's names: _____

Sibling's names: _____

Additional Information (as many details as possible):

